

# APPLICATION FOR PARADE/MOTORCADE PERMIT

## *CITY OF COLLEGE STATION* Chapter 4, Section 3, Code of Ordinances

### Application criteria to meet:

\_\_\_\_\_ Application Fee of \$90.00

\_\_\_\_\_ Description of proposed route (include map indicating start and finish location).

\_\_\_\_\_ Detailed description of parade events (include a timeline of events and who will be participating)

### Please complete the following:

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Purpose of parade: \_\_\_\_\_

Proposed date of parade: \_\_\_\_\_ Proposed assembly area: \_\_\_\_\_

Proposed termination area: \_\_\_\_\_

Proposed parking arrangements: \_\_\_\_\_

Time of assembly: \_\_\_\_\_ Time of start: \_\_\_\_\_ Time of Dispersal: \_\_\_\_\_

### Please complete if applicable:

1. Individual participants: \_\_\_\_\_

2. Street crossing assistance: \_\_\_\_\_  
(Note: If requested or required, off duty officers may need to be hired.)

3. Floats: \_\_\_\_\_

4. Marching units: \_\_\_\_\_

5. Vehicles: \_\_\_\_\_

6. Bands: \_\_\_\_\_

7. Sound amplification equipment: \_\_\_\_\_

8. Cleanup provisions: \_\_\_\_\_

**Applicant or Authorized Person's Signature:** \_\_\_\_\_

By signing above, applicant agrees to comply with all terms stated on permit



College Station

Development Services  
1101 Texas Avenue  
College Station, Texas 77840  
Phone: (979) 764-6252 FAX (979) 764-3496

**PARADE/MOTORCADE PERMIT – CITY STAFF REVIEW**

**APPROVED / DENIED**

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

City Support requirements and rates, if any \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**APPROVED / DENIED**

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

City Support requirements and rates, if any: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**APPROVED / DENIED**

Public Services (Streets): \_\_\_\_\_ Date: \_\_\_\_\_

City Support requirements and rates, if any: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**APPROVED / DENIED**

Chief Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

City Support requirements and rates, if any: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_